

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

<b>NAME (Last, First, Middle)</b>  ARAKAKI, DENNIS AKIRA	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b>  STATE REPRESENTATIVE  <b>TERM OF OFFICE (Begin/End):</b> 11/02/04 - 11/06/06
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Check either number 1 or 2. If you check number 2, provide the relevant information.

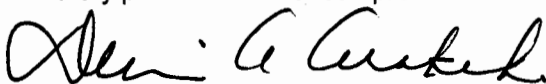
1. ☐ **I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING**
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2. ☒ **I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.**  
**FOR EACH ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER, SPOUSE AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any deletions, and "C" for any other changes.**

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u> <u>1</u>
F	A D	Dennis Arakaki - Increase in Salary Cammie Arakaki - Change in Employment from Kirby Sales to Color Cuts Hair Salon
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u> <u>5</u>
F	D	Resignation from Honolulu Neighborhood Housing Services
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u> <u>6</u>
JT	D	KUILIMA CONDOMINIUM - Unit was sold to purchase Pokai Bay Condominium
JT	A	POKAI MARINA APARTMENTS Unit 503 - Financial Code C
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u> _____

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>

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STATE OF HAWAII  
STATE ETHICS COMMISSION

**CERTIFICATION:** I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.



5/31/05

SIGNATURE (Note: This filing is not valid without a signature.)

DATE